103304

C9504I

IN CONFIDENCE

Australian Bureau of Statistics

POPULATION SURVEY
CHILD IMMUNISATION QUESTIONNAIRE
APRIL 1995

TO BE COMPLETED FOR EACH CHILD AGED 0-14 YEARS WHO IS A USUAL RESIDENT OF THE PRIVATE DWELLING ***NOT*** *IN ROTATION GROUP 4.*

PSU	BLOCK	DWELLING	HH	PERSON	1A. OFFICE USE ONLY
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 A C F J K L R T V W X	0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6

1B. *Interviewer: Specify relationship to child of person being interviewed*

- *Mother* 1
- *Father* 2
- *Other ARA* 3

2. *Interviewer: Record the Person Number of the person answering for the child.*

Person Number 0 1 2 0 1 2 3 4 5 6 7 8 9

3. SEX OF CHILD

- Male 1
- Female 2

4. DATE OF BIRTH OF CHILD

D D	M M	Y Y
0 1 2 3 4 5 6 7 8 9	0 1 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

5. AGE OF CHILD

- Less than 1 month 999
- 1-23 months .. .. *(Record full months)* 1
- 2-14 years .. .. *(Record full years)* 2

0 1 2 0 1 2 3 4 5 6 7 8 9

6. COUNTRY OF BIRTH OF CHILD

- Australia → *Q.8* 036
- U.K. & Ireland 962
- Italy 380
- Greece 300
- Netherlands 528
- Germany 280
- New Zealand .. 554
- Viet Nam 704
- Poland 616

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

7. YEAR OF ARRIVAL OF CHILD

0 1 2 3 4 5 6 7 8 9 8 9

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8. *Sequence Guide*

. *If aged 0-6 years* .. .. → *Q.9* ☐ 1

. *Otherwise* .. .. → *Q.24* ☐ 2

9. THE FOLLOWING QUESTIONS ARE ABOUT CHILDHOOD HEALTH SCREENING AND VACCINATIONS. DO YOU HAVE ANY CARDS OR RECORDS WHICH WOULD HELP YOU ANSWER THESE QUESTIONS ?

(COULD YOU PLEASE FIND THEM ?)

Cards/Records produced .. .. ☐ 1

Cards/Records not produced .. .. ☐ 2

10. *Sequence Guide*

. *If aged 0-3 years* .. .. → *Q.11* ☐ 1

. *Otherwise* .. .. → *Q.24* ☐ 2

11. HAS ..... EVER VISITED A BABY HEALTH CLINIC ?

Yes .. .. ☐ 1

No .. .. → *Q.23* ☐ 2

Don't know .. .. → *Q.24* ☐ 3

12. WHAT WAS ..... AGE ON ..... FIRST VISIT TO THE BABY HEALTH CLINIC ?

Weeks .. .. ☐☐☐ 1
(Record full weeks)

Months .. .. ☐☐☐ 2
(Record full months)

Don't know .. .. ☐ 999

0 0
1 1 1
2 2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

13. *Sequence Guide*

. *If aged 1 month or more in Q.5* → *Q.14* ☐ 1

. *Otherwise* .. .. → *Q.21* ☐ 2

14. WAS ..... EXAMINED BETWEEN 4-9 WEEKS ?

Yes .. .. ☐ 1

No .. .. ☐ 2

Don't know .. .. ☐ 3

15. *Sequence Guide*

. *If aged 3 months or more in Q.5* → *Q.16* ☐ 1

. *Otherwise* .. .. → *Q.21* ☐ 2

16. (WAS ..... EXAMINED) BETWEEN 3-5 MONTHS ?

Yes .. .. ☐ 1

No .. .. ☐ 2

Don't know .. .. ☐ 3

17. *Sequence Guide*

. *If aged 6 months or more in Q.5* → *Q.18* ☐ 1

. *Otherwise* .. .. → *Q.21* ☐ 2

18. (WAS ..... EXAMINED) BETWEEN 6-11 MONTHS ?

Yes .. .. ☐ 1

No .. .. ☐ 2

Don't know .. .. ☐ 3

19. *Sequence Guide*

. *If aged 12 months or more in Q.5* → *Q.20* ☐ 1

. *Otherwise* .. .. → *Q.21* ☐ 2

20. (WAS ..... EXAMINED) BETWEEN 1-2 YEARS ?

Yes .. .. ☐ 1

No .. .. ☐ 2

Don't know .. .. ☐ 3

21. WHAT WAS THE MAIN REASON FOR ..... MOST RECENT VISIT TO THE BABY HEALTH CLINIC ?

Check-up .. .. ☐ 1

Advice/support .. .. ☐ 2

Social .. .. ☐ 3

Other (*Specify*) .....

..... ☐ 4

Don't know .. .. ☐ 5

22. → ***Q.24***

23. WHAT IS THE MAIN REASON ..... HAS NOT VISITED A BABY HEALTH CLINIC ?

Inconvenient location .. .. ☐ 1

Inconvenient/Unsuitable hours .. .. ☐ 2

Insufficient services .. .. ☐ 3

Unwelcome atmosphere .. .. ☐ 4

No perceived need .. .. ☐ 5

Use of other services instead .. .. ☐ 6

Other (*Specify*) .....

..... ☐ 7

24. I NOW WANT TO ASK YOU ABOUT SIGHT AND HEARING TESTS THAT ..... MAY HAVE HAD.

25. HAS ..... EVER HAD ..... SIGHT TESTED ?

- Yes 1
- No ..... → *Q.32* 2
- Don't know ..... → *Q.32* 3

26. WHAT WAS ..... AGE AT ..... FIRST SIGHT TEST ?

- Under 24 months .. .. *(Record full months)* 1
- 2 years or more .. .. .. *(Record full years)* 2
- Don't know 999

27. HOW LONG AGO WAS ..... LAST SIGHT TEST ?

- Less than 6 months 1
- 6 to less than 12 months 2
- 12 to less than 18 months 3
- 18 months to less than 3 years 4
- 3 to less than 5 years 5
- 5 or more years 6
- Don't know 7

28. WHAT WAS THE MAIN REASON FOR ..... LAST SIGHT TEST ?

- Known/Suspected vision problem → *Q.30* 1
- Check-up 2
- Other (*Specify*) 3
- Don't know 4

29. → *Q.31*

30. WHO FIRST SUSPECTED A VISION PROBLEM ?

- Self 1
- Parent/Carer 2
- Teacher 3
- Baby health clinic staff 4
- School health service staff 5
- General practitioner 6
- Relation/Friend 7
- Other (*Specify*) 8

31. WHO CONDUCTED THE LAST SIGHT TEST ?

- Eye specialist/Ophthalmologist 1
- Optometrist/Optician 2
- Baby health clinic staff 3
- School health service staff 4
- General practitioner 5
- Hospital staff 6
- Community health staff 7
- Other medical professional 8
- Other (*Specify*) 9

32. HAS ..... EVER HAD ..... HEARING TESTED ?

- Yes 1
- No ..... → *Q.40* 2
- Don't know ..... → *Q.40* 3

33. WHAT WAS ..... AGE AT ..... FIRST HEARING TEST ?

- Under 24 months .. .. *(Record full months)* 1
- 2 years or more .. .. .. *(Record full years)* 2
- Don't know 999

34. HOW LONG AGO WAS ..... LAST HEARING TEST ?

- Less than 6 months .. .. [1]
- 6 to less than 12 months .. .. [2]
- 12 to less than 18 months .. .. [3]
- 18 months to less than 3 years .. .. .. [4]
- 3 to less than 5 years .. .. [5]
- 5 or more years .. .. [6]
- Don't know .. .. [7]

35. WHAT WAS THE MAIN REASON FOR ..... LAST HEARING TEST ?

- Known/Suspected hearing problem .. .. → *Q.37* [1]
- Check-up .. .. [2]
- Other medical ear problems .. .. [3]
- Other (*Specify*) .....
- ..... [4]
- Don't know .. .. [5]

36. → *Q.38*

37. WHO FIRST SUSPECTED A HEARING PROBLEM ?

- Self .. .. [1]
- Parent/Carer .. .. [2]
- Teacher .. .. [3]
- Baby health clinic staff .. .. [4]
- School health clinic staff .. .. [5]
- General practitioner .. .. [6]
- Relation/Friend .. .. [7]
- Other (*Specify*) .....
- ..... [8]

38. WHO CONDUCTED ..... LAST HEARING TEST ?

- Hearing specialist .. .. [1]
- Baby health clinic staff .. .. [2]
- School health service staff .. .. [3]
- General practitioner .. .. [4]
- Hospital staff .. .. [5]
- Community health staff .. .. [6]
- Hearing assessment centre .. .. [7]
- Other medical professional .. .. .. [8]
- Other (*Specify*) .....
- ..... [9]

39. WERE MACHINES WITH HEADPHONES USED AT ..... LAST HEARING TEST ?

- Yes .. .. [1]
- No .. .. [2]
- Don't know .. .. [3]

40. *Sequence Guide*

- . *If aged under 1 month* .. → *Q.93* [1]
- . *If aged 2-14 years* .. .. .. → *Q.41* [2]
- . *Otherwise* .. .. → *Q.56* [3]

41. *Interviewer: Show GREEN prompt card A.*

HAS ..... EVER VISITED A DENTIST OR DENTAL PROFESSIONAL SUCH AS ONE OF THESE ?

- Yes .. .. [1]
- No .. .. → *Q.47* [2]
- Don't know .. .. .. → *Q.47* [3]

42. WHAT WAS ..... AGE AT ..... FIRST DENTAL VISIT ?

- Under 24 months .. .. .. (*Record full months*) [ ][ ] 1
- 2 years or more .. .. (*Record full years*) [ ][ ] 2
- Don't know .. .. [999]

0 0
1 1 1
2 2 2
3
4
5
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8
9

43. *Interviewer: Show GREEN prompt card A.*

WHAT TYPE OF DENTAL PROFESSIONAL WAS LAST CONSULTED ?

- Dentist ☐ 1
- Dental specialist ☐ 2
- Dental therapist ☐ 3
- Dental nurse ☐ 4
- Dental technician ☐ 5
- Other (*Specify*) ..... ☐ 6
- Don't know ☐ 7

44. HOW LONG AGO WAS ..... LAST VISIT TO A DENTAL PROFESSIONAL ?

- Less than 6 months ☐ 1
- 6 to less than 12 months ☐ 2
- 12 to less than 18 months ☐ 3
- 18 months to less than 3 years ☐ 4
- 3 to less than 5 years ☐ 5
- 5 or more years ☐ 6
- Don't know ☐ 7

45. WHERE WAS THE LAST CONSULTATION CONDUCTED ?

- Private dental surgery ☐ 1
- School dental clinic ☐ 2
- Hospital ☐ 3
- Community dental clinic ☐ 4
- Other (*Specify*) ..... ☐ 5

46. WHAT WAS THE MAIN PURPOSE OF THE LAST CONSULTATION ?

- Check up ☐ 1
- Dental problem ☐ 2
- Preventative treatment ☐ 3
- Orthodontic treatment ☐ 4
- Other (*Specify*) ..... ☐ 5

47. *Sequence Guide*

- *If aged 4-6 years* → *Q.48* ☐ 1
- *If aged 7-14 years* → *Q.49* ☐ 2
- *Otherwise* → *Q.56* ☐ 3

48. IS ..... CURRENTLY ATTENDING SCHOOL ?

- Yes ☐ 1
- No → *Q.56* ☐ 2

49. *Sequence Guide*

- *If used school dental service ('2' in Q.45)* → *Q.52* ☐ 1
- *Otherwise* → *Q.50* ☐ 2

50. HAS ..... EVER USED A SCHOOL DENTAL SERVICE ?

- Yes → *Q.52* ☐ 1
- No ☐ 2
- Don't know → *Q.52* ☐ 3

51. WHAT IS THE MAIN REASON ..... HAS NOT VISITED A SCHOOL DENTAL SERVICE ?

- No problems with teeth ☐ 1
- Use private family dentist ☐ 2
- School dental service not available ☐ 3
- Other (*Specify*) ..... ☐ 4

52. *Sequence Guide*

- *If aged 0-6 years* → *Q.56* ☐ 1
- *Otherwise* → *Q.53* ☐ 2

53. DOES ..... CURRENTLY WEAR BRACES, BANDS OR A PLATE ?

- Yes → *Q.93* ☐ 1
- No ☐ 2

54. HAS ..... EVER WORN ANY OF THESE ?

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 3

55. → *Q.93*

56. THE FOLLOWING QUESTIONS ARE ABOUT VACCINATIONS.

HAS ..... EVER BEEN IMMUNISED AGAINST POLIO OR RECEIVED AN ORAL SABIN ?

- Yes ..... ☐ 1
- No ..... → *Q.62* ☐ 2
- Don't know ..... → *Q.63* ☐ 3

57. INCLUDING BOOSTERS, HOW MANY POLIO VACCINATIONS HAS ..... BEEN GIVEN ?

- One ..... ☐ 1
- Two ..... ☐ 2
- Three ..... ☐ 3
- Four or more ..... ☐ 4
- Don't know ..... ☐ 5

58. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECIEVE ..... POLIO VACCINATION(S) ?

- Doctor's surgery ..... *a* ☐ 1
- Local council ..... *b* ☐ 2
- Baby health clinic ..... *c* ☐ 3
- School/Kindergarten ..... *d* ☐ 4
- Hospital ..... *e* ☐ 5
- Other health establishment ..... *f* ☐ 6
- Other (*Specify*) .....
- ..... *g* ☐ 7
- Don't know ..... *h* ☐ 8

59. *Sequence Guide*

- . *If aged 4-6 years* ..... → *Q.60* ☐ 1
- . *Otherwise* ..... → *Q.63* ☐ 2

60. HAS ..... RECEIVED ANY POLIO VACCINATIONS SINCE TURNING FOUR ?

- Yes ..... ☐ 1
- No ..... ☐ 2
- Don't know ..... ☐ 3

61. → *Q.63*

62. WHAT IS THE MAIN REASON ..... HAS NOT HAD POLIO VACCINATIONS ?

- Too expensive ..... ☐ 01
- Hadn't heard of it ..... ☐ 02
- Advised against it ..... ☐ 03
- Opposed to immunisation ..... ☐ 04
- Concerned about side effects ..... ☐ 05
- Too young ..... ☐ 06
- Vaccine not available/given ..... ☐ 07
- Haven't got around to it ..... ☐ 08
- Sick when due for immunisation ..... ☐ 09
- Other (*Specify*) .....
- .....
- ..... ☐ 10

63. HAS ..... EVER BEEN GIVEN ANY TA (TRIPLE ANTIGEN) OR DTP INJECTIONS, (THAT IS DIPHTHERIA/TETANUS/WHOOPING COUGH INJECTIONS) ?

- Yes ..... ☐ 1
- No ..... → *Q.68* ☐ 2
- Don't know ..... → *Q.68* ☐ 3

64. INCLUDING BOOSTERS, HOW MANY TA OR DTP INJECTIONS HAS ..... BEEN GIVEN ?

- One ..... ☐ 1
- Two ..... ☐ 2
- Three ..... ☐ 3
- Four ..... ☐ 4
- Five or more ..... ☐ 5
- Don't know ..... ☐ 6

65. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECEIVE ..... (TA OR DTP) INJECTION(S) ?

- Doctor's surgery ..... *a* ☐ 1
- Local council ..... *b* ☐ 2
- Baby health clinic ..... *c* ☐ 3
- School/Kindergarten ..... *d* ☐ 4
- Hospital ..... *e* ☐ 5
- Other health establishment ..... *f* ☐ 6
- Other (*Specify*) .....
- ..... *g* ☐ 7
- Don't know ..... *h* ☐ 8

66. *Sequence Guide*

. *If aged 4-6 years* → *Q.67* 1

. *Otherwise* → *Q.68* 2

67. HAS ..... RECEIVED ANY TA OR DTP INJECTIONS SINCE TURNING FOUR ?

Yes 1

No 2

Don't know 3

68. HAS ..... EVER BEEN GIVEN ANY COMBINED DIPHTHERIA AND TETANUS INJECTIONS, THAT IS A CDT ?

Yes → *Q.70* 1

No 2

Don't know 3

69. *Sequence Guide*

. *If 'Yes' in Q.63* → *Q.77* 1

. *If 'Don't know' in Q.63 AND Q.68* → *Q.77* 2

. *Otherwise* → *Q.76* 3

70. INCLUDING BOOSTERS, HOW MANY CDT INJECTIONS HAS ..... BEEN GIVEN ?

One 1

Two 2

Three 3

Four 4

Five or more 5

Don't know 6

71. WAS CDT GIVEN:

BECAUSE OF PREVIOUS ADVERSE REACTIONS ? *a* 1

BECAUSE OF CONCERNS ABOUT SIDE EFFECTS ? *b* 2

BECAUSE IT WAS ON THE RECOMMENDED SCHEDULE ? *c* 3

Other (*Specify*) .....

.....

..... *d* 4

72. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECEIVE ..... CDT INJECTION(S) ?

Doctor's surgery *a* 1

Local council *b* 2

Baby health clinic *c* 3

School/Kindergarten *d* 4

Hospital *e* 5

Other health establishment *f* 6

Other (*Specify*) .....

..... *g* 7

Don't know *h* 8

73. *Sequence Guide*

. *If aged 4-6 years* → *Q.74* 1

. *Otherwise* → *Q.77* 2

74. HAS ..... RECEIVED ANY CDT INJECTIONS SINCE TURNING FOUR ?

Yes 1

No 2

Don't know 3

75. → *Q.77*

76. WHAT IS THE MAIN REASON ..... HAS NOT HAD (TA/DTP/CDT) INJECTIONS ?

Too expensive 01

Hadn't heard of it 02

Advised against it 03

Opposed to immunisation 04

Concerned about side effects 05

Too young 06

Vaccine not available/given 07

Haven't got around to it 08

Sick when due for immunisation 09

Other (*Specify*) .....

.....

..... 10

77. HAS ..... EVER BEEN GIVEN ANY INJECTIONS AGAINST MEASLES ?

- Yes 1
- No 2
- Don't know 3

78. (HAS ..... EVER BEEN GIVEN ANY INJECTIONS AGAINST) MUMPS ?

- Yes 1
- No 2
- Don't know 3

79. (HAS ..... EVER BEEN GIVEN ANY INJECTIONS AGAINST) RUBELLA (OR GERMAN MEASLES) ?

- Yes 1
- No 2
- Don't know 3

80. *Sequence Guide*

- *If 2 or more shaded boxes in Q.77, Q.78 AND Q.79* ..... → *Q.81* 1
- *If 'No' in Q.77 AND Q.78 AND Q.79* ..... → *Q.84* 2
- *If 'Don't know' in Q.77 AND Q.78 AND Q.79* ..... → *Q.85* 3
- *Otherwise* ..... → *Q.82* 4

81. IN WHAT COMBINATION DID ..... RECEIVE THESE INJECTIONS ?

- Combined measles and mumps 1
- Combined measles, mumps and rubella (MMR) 2
- Don't know 3
- Other (*Specify*) .....
- 4

82. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECEIVE ..... VACCINATION(S) ?

- Doctor's surgery ..... *a* 1
- Local council ..... *b* 2
- Baby health clinic ..... *c* 3
- School/Kindergarten ..... *d* 4
- Hospital ..... *e* 5
- Other health establishment ..... *f* 6
- Other (*Specify*) .....
- ..... *g* 7
- Don't know ..... *h* 8

83. *Sequence Guide*

- *If 'No' in Q.77, Q.78 OR Q.79* → *Q.84* 1
- *Otherwise* ..... → *Q.85* 2

84. WHAT IS THE MAIN REASON ..... HAS NOT HAD (MEASLES/MUMPS/RUBELLA) INJECTION(S) ?

- Too expensive 01
- Hadn't heard of it 02
- Advised against it 03
- Opposed to immunisation 04
- Concerned about side effects 05
- Too young 06
- Vaccine not available/given 07
- Haven't got around to it 08
- Sick when immunisation due 09
- Boy (rubella only for girls) 10
- Other (*Specify*) .....
- 11

85. HAS ..... EVER BEEN GIVEN THE HIB VACCINE ?

- Yes 1
- No ..... → *Q.91* 2
- Don't know ..... → *Q.94* 3

86. AT WHAT AGE WAS ..... FIRST GIVEN THE HIB VACCINE ?

- Under 24 months ..... (*Record full months*) 1
- 2 years or more ..... (*Record full years*) 2
- Don't know 999

87. HOW MANY HIB INJECTIONS HAS ..... RECEIVED ?

- One 1
- Two 2
- Three 3
- Four or more 4
- Don't know 5

88. WHAT WAS THE BRAND OF HIB VACCINE THAT ..... WAS GIVEN ?

- PedvaxHIB ☐ 1
- HibTITER ☐ 2
- ProHIBit ☐ 3
- Act-HIB ☐ 4
- Don't know ☐ 5

89. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECEIVE ..... HIB VACCINATION(S) ?

- Doctor's surgery *a* ☐ 1
- Local council *b* ☐ 2
- Baby health clinic *c* ☐ 3
- School/Kindergarten *d* ☐ 4
- Hospital *e* ☐ 5
- Other health establishment *f* ☐ 6
- Other (*Specify*) .....
- ..... *g* ☐ 7
- Don't know *h* ☐ 8

90. → *Q.94*

91. WHAT WAS THE MAIN REASON ..... HAS NOT HAD THE HIB VACCINE ?

- Too expensive ☐ 01
- Hadn't heard of it ☐ 02
- Advised against it ☐ 03
- Opposed to immunisation ☐ 04
- Concerned about side effects ☐ 05
- Too young ☐ 06
- Vaccine not available/given ☐ 07
- Haven't got around to it ☐ 08
- Sick when due for immunisation ☐ 09
- Too old/out of danger age ☐ 10
- Other (*Specify*) .....
- .....
- ..... ☐ 11

92. → *Q.94*

93. THE FOLLOWING QUESTIONS ARE ABOUT VACCINATIONS.

94. HAS ..... EVER RECEIVED ANY INJECTIONS AGAINST HEPATITIS B ?

- Yes ☐ 1
- No → *Q.97* ☐ 2
- Don't know → *Q.97* ☐ 3

95. HOW MANY HEPATITIS B INJECTIONS HAS ..... BEEN GIVEN ?

- One ☐ 1
- Two ☐ 2
- Three or more ☐ 3

96. *Interviewer: Show PINK prompt card B.*

WHERE DID ..... GO TO RECEIVE ..... HEPATITIS B INJECTION(S) ?

- Doctor's surgery *a* ☐ 1
- Local council *b* ☐ 2
- Baby health clinic *c* ☐ 3
- School/Kindergarten *d* ☐ 4
- Hospital *e* ☐ 5
- Other health establishment *f* ☐ 6
- Other (*Specify*) .....
- ..... *g* ☐ 7
- Don't know *h* ☐ 8

97. HAS ..... EVER BEEN GIVEN A SEPARATE WHOOPING COUGH INJECTION (THAT IS MONOVALENT PERTUSSIS VACCINE) ?

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 3

98. *Sequence Guide*

- . *If aged under 1 month* → *Q.104* ☐ 1
- . *Otherwise* → *Q.99* ☐ 2

99. APART FROM TA (TRIPLE ANTIGEN) OR CDT (COMBINED DIPHTHERIA AND TETANUS INJECTIONS), HAS ..... EVER RECEIVED ANY INJECTIONS AGAINST TETANUS ?

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 3

100. HAS ..... BEEN IMMUNISED AGAINST:

HEPATITIS A ?	*a*	1
TUBERCULOSIS (BCG) ?	*b*	2
INFLUENZA ?	*c*	3
None of these	*d*	4

101. *Sequence Guide*

. *If aged 0-6 years* → *Q.102*		1
. *Otherwise* → *Q.104*		2

102. I WOULD NOW LIKE TO ASK YOU ABOUT CHILDCARE.

Interviewer: Show BLUE prompt card C.

IS ..... USUALLY CARED FOR AT ANY OF THESE PLACES ?

(WHICH ONES ?)

Before/After School Care	*a*	1
Long Day Care Centre	*b*	2
Family Day Care	*c*	3
Occasional Care Centre	*d*	4
Pre-School	*e*	5
Other Formal Care	*f*	6
No/None of these → *Q.104*	*g*	7

103. IN TOTAL, HOW MANY HOURS PER WEEK IS ..... USUALLY CARED FOR IN FORMAL CHILDCARE ?

Hours ..... [ ][ ]

Don't know 99

104. *Sequence Guide*

. *If first child's questionnaire* → *Q.105*		1
. *Otherwise, no more questions* ◄		2

105. I WOULD NOW LIKE TO ASK YOU FOR SOME BACKGROUND DETAILS.

Interviewer: Show YELLOW prompt card D.

DO YOU CURRENTLY RECEIVE INCOME FROM ANY OF THESE SOURCES ?

Yes		1
No → *Q.108*		2

106. WHICH ONES ?

A wage or salary from an employer	*a*	01
A wage or salary from own limited liability company	*b*	02
Profit or loss from own business	*c*	03
Profit or loss from own share in partnership	*d*	04
Profit or loss from rental investment properties	*e*	05
Dividends	*f*	06
Interest	*g*	07
Family Payment	*h*	08
Any other Government pension or cash benefit	*i*	09
Maintenance/Child Support	*j*	10
Superannuation/Annuity	*k*	11
Workers' Compensation/Accident or Sickness Insurance	*l*	12
Any other regular income	*m*	13

107. *Interviewer: Show WHITE prompt card E.*

BEFORE TAX IS TAKEN OUT, IN WHICH OF THESE GROUPS IS YOUR USUAL INCOME FROM (THIS/THESE) SOURCE(S) IN TOTAL ?

Group ..... [ ][ ]

Don't know 99

98

108. *Sequence Guide*

. *If married/de facto AND spouse/partner on HF* → *Q.109*		1
. *Otherwise* → *Q.112*		2

109. *Interviewer: Show YELLOW prompt card D.*

DOES (*Spouse/Partner*) CURRENTLY RECEIVE INCOME FROM ANY OF THESE SOURCES ?

Yes		1
No → *Q.112*		2

110. WHICH ONES ?

A wage or salary from an employer	*a*	01
A wage or salary from own limited liability company	*b*	02
Profit or loss from own business	*c*	03
Profit or loss from own share in partnership	*d*	04
Profit or loss from rental investment properties	*e*	05
Dividends	*f*	06
Interest	*g*	07
Family Payment	*h*	08
Any other Government pension or cash benefit	*i*	09
Maintenance/Child Support	*j*	10
Superannuation/Annuity	*k*	11
Workers' Compensation/Accident or Sickness Insurance	*l*	12
Any other regular income	*m*	13

111. *Interviewer: Show WHITE prompt card E.*

BEFORE TAX IS TAKEN OUT, IN WHICH OF THESE GROUPS IS *(Spouse's/partner's)* USUAL INCOME FROM (THIS/THESE) SOURCE(S) IN TOTAL ?

Group .....

Don't know 99

0 0
1 1
2 2
3
4
5
6
7
8
9

98

112. IS ENGLISH THE LANGUAGE USUALLY SPOKEN IN THIS HOUSEHOLD ?

Yes (*No more questions*) ..... ◀ 1

No 2

113. WHAT LANGUAGE IS USUALLY SPOKEN IN THIS HOUSEHOLD ?

Italian	01
Greek	02
Cantonese	03
Arabic	04
German	05
Vietnamese	06
Spanish	07
Polish	08
Macedonian	09
Other (*Specify*)	
.....	
.....	10

114. ***No more questions*** ..... ◀